



## **Communicable Disease and Epidemiology News**

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### **Flu Shot Eligibility Expanded**

On December 17<sup>th</sup>, in concert with updated recommendations from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices, Public Health expanded the risk groups for influenza vaccination in King County to include persons 50-64 years of age, and household contacts and out of home caregivers of persons at high risk, and lifted the October 12<sup>th</sup> emergency health order that restricted who may receive a flu shot to the following groups:

- all children aged 6 to 23 months
- persons aged 2 to 64 years with underlying chronic medical conditions
- all women who will be pregnant during the influenza season
- residents of nursing homes and long-term care facilities
- children aged 6 months to 18 years on chronic aspirin therapy
- health-care workers involved in direct patient care
- out-of-home caregivers and household contacts of children less than six months of age

Healthcare providers should continue in their efforts to vaccinate persons in the above high-risk groups, however, *where vaccine supplies remain adequate to meet the demand among persons in the above high-risk priority groups*, purchased inactivated influenza vaccine may also be administered to persons 50-64 years of age and household contacts of persons in groups at high risk.

Influenza vaccine provided through the Vaccines for Children (VFC) Program may now be used to vaccinate children between 2-18 years of age who are household contacts of other persons in groups at high risk.

Live attenuated influenza virus (FluMist) is encouraged for use in healthy persons 5-49 years of age who are not pregnant, including healthcare workers and household contacts of high-risk persons (except for close contacts of severely immunosuppressed persons, e.g., patients with hematopoietic stem cell transplants during those periods in which the immunosuppressed person requires care in a protective environment).

Healthcare providers wishing to order 100 doses or more of adult inactivated influenza vaccine for delivery in January should call Public Health's immunization program at (206) 296-4774.

For more information about influenza vaccine, visit:  
[www.metrokc.gov/health/immunization/fluseason.htm](http://www.metrokc.gov/health/immunization/fluseason.htm)

### **Influenza Surveillance in King County**

Currently, Washington State is experiencing sporadic influenza activity. Nationally, thirty-six states report sporadic influenza activity, two states and New York City report regional activity, and 4 states report local activity. Eight states, including Oregon, report no influenza activity.

Since the beginning of September, 2004, sentinel influenza surveillance providers have submitted 113 specimens from persons with influenza-like illness, and Influenza A has been detected in 13 of these specimens. All influenza A isolates, which have been typed so far, have been type H3N2. Other respiratory pathogens that have been identified in submitted specimens include respiratory syncytial virus (5), para-influenza 2 virus (2), adenovirus (3), and coxsackievirus B4 (1). National surveillance data suggests this year's vaccine is well matched to the circulating strains. One nursing home influenza outbreak has been confirmed, and two schools have reported absenteeism greater than 10% so far this season.

### **Reporting Influenza-Associated Pediatric Mortality**

During the 2003-2004 influenza season, more than 140 influenza-related pediatric deaths were identified throughout the United States. This year, the CDC is asking health care providers to report influenza-associated pediatric deaths. An influenza-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death.  
**Influenza-associated deaths in all persons aged <18 years should be reported by calling (206) 296-4774.**

### **West Nile Virus 2004 Season Review**

West Nile virus (WNV) was first detected in the US in 1999 in the New York City area, and the epidemic has since continued its westward spread across the country. CDC now estimates that approximately 940,000 persons have been infected with WNV in the US, with 190,000 becoming clinically ill and 629 deaths. The western states of California, Arizona, and Colorado had the largest number of cases in 2004, with California recording 737

cases (as of 11/23/04) compared to only 3 cases in 2003. Similarly, Arizona had 389 cases compared to 13 cases in 2003. After 4 years of increasing case numbers, the CDC reports a substantial decline nationwide in 2004 when about 750 cases of the serious neuroinvasive form of the disease were reported through mid-October compared to 2,866 in all of 2003 and 2,946 in 2002.<sup>1</sup>

Washington was the only state in the continental US with no positive WNV surveillance findings this year<sup>2</sup> This is somewhat surprising given the westward movement of the virus, and the fact that, in 2002 in Washington there were 2 positive birds (Pend Oreille and Snohomish counties) and 2 positive horses (Whatcom and Island counties). No WNV positive birds, mosquitoes or horses have been detected in King County as yet, and the only human cases have been in residents with a clear travel history to affected states during the viral incubation period (3-14 days).

What are the prospects for WNV in King County? Mosquito collection and species typing demonstrates that prime WNV vector species including *Culex pipiens* and *Cx. tarsalis* are distributed widely in the county. King County also has large populations of corvid birds (crows, ravens and jays) known to acquire WNV and show significant mortality. In 2003-04, Public Health received reports and mapped over 4,300 dead birds (mostly crows) and tested about 250 of these for WNV—all negative. Examining the movement of WNV in the far west in late 2003 through 2004 reveals the earliest cases occurred in southern California with progression of cases northward to the California-Oregon border by late summer 2004. Oregon’s 2004 totals included 3 human and 31 equine cases. WNV was also found widely throughout Idaho, which recorded 2 human and 23 equine cases in 2004. Given our ecological conditions, and the observed pattern of WNV spread, there is certainly reason to believe that our region could experience West Nile virus cases in the coming year. As we move towards the 2005 season, Public Health will continue to conduct surveillance for WNV, promote mosquito habitat reduction and control efforts, and educate citizens on personal protective measures.

<sup>1</sup> Petersen LR and Hayes EB. Westward Ho? – The Spread of West Nile Virus. NEJM 2004; 351:2257-9.

<sup>2</sup> CDC Arbonet. See map available at [www.cdc.gov/ncidod/dvbid/westnile/surv&control04Maps.htm](http://www.cdc.gov/ncidod/dvbid/westnile/surv&control04Maps.htm)

**Epidemiology and Prevention of Vaccine-Preventable Diseases Course**

Mark your calendars for CDC’s live, four-part satellite course, Epidemiology and Prevention of Vaccine-Preventable Diseases, scheduled for February 17, 24, March 3 and 10, 2005. The course is co-sponsored by the Region X Public Health Service and will be held in downtown Seattle at the Blanchard Plaza Building (6<sup>th</sup> and Blanchard). Each interactive broadcast will run from 9:00 AM to 12:30 PM

The primary focus of the sessions will be to provide the most current information available on vaccine-preventable diseases, vaccine management and safety, and recommended immunization practices. Providers who either give immunizations or set policy for their offices or clinics are encouraged to attend. CME/CEUs will be awarded to course participants who complete the training. The course fee is \$20.00 (please contact us if unable to pay). For more information, call (206) 296-5252.

**Disease Reporting**

AIDS/HIV ..... (206) 296-4645  
STDs..... (206) 731-3954  
TB ..... (206) 731-4579  
All Other Notifiable Communicable Diseases (24 hours a day) ..... (206) 296-4774  
Automated reporting line for conditions not immediately notifiable ..... (206) 296-4782

**Hotlines**

Communicable Disease ..... (206) 296-4949  
HIV/STD ..... (206) 205-STD5

**Public Health-Seattle & King County Online Resources**

Home Page: [www.metrokc.gov/health/](http://www.metrokc.gov/health/)  
The **EPI-LOG**: [www.metrokc.gov/health/providers](http://www.metrokc.gov/health/providers)  
**Communicable Disease listserv (PHSKC INFO-X) at:** [mailman.u.washington.edu/mailman/listinfo/phskc-info-x](mailto:mailman.u.washington.edu/mailman/listinfo/phskc-info-x)

Reported Cases of Selected Diseases, Seattle & King County 2004				
	Cases Reported in November		Cases Reported Through November	
	2004	2003	2004	2003
Campylobacteriosis	17	24	243	248
Cryptosporidiosis	2	2	30	37
Chlamydial infections	374	390	4,800	4,686
Enterohemorrhagic E. coli (non-O157)	1	0	1	0
E. coli O157: H7	3	1	43	40
Giardiasis	7	5	111	109
Gonorrhea	129	93	1,110	1,255
Haemophilus influenzae (cases <6 years of age)	0	0	2	2
Hepatitis A	2	4	13	30
Hepatitis B (acute)	3	3	20	32
Hepatitis B (chronic)	47	22	565	480
Hepatitis C (acute)	0	0	9	8
Hepatitis C (chronic, confirmed/probable)	79	38	1,100	782
Hepatitis C (chronic, possible)	29	20	330	216
Herpes, genital (primary)	44	53	647	599
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	42	68	385	472
Measles	0	0	6	0
Meningococcal Disease	1	0	16	4
Mumps	0	0	1	1
Pertussis	8	12	198	268
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	19	18	225	222
Shigellosis	4	0	58	84
Syphilis	16	9	139	81
Syphilis, congenital	0	0	0	0
Syphilis, late	2	7	61	45
Tuberculosis	6	9	114	140

The *Epi-Log* is available in alternate formats upon request.